

B1 (Official Form 1)(4/10)

<b>United States Bankruptcy Court District of Oregon</b>				<b>Voluntary Petition</b>	
Name of Debtor (if individual, enter Last, First, Middle): <b>Oregon Contractors Workers Compensation Trust, Inc.</b>			Name of Joint Debtor (Spouse) (Last, First, Middle):		
All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names):			All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names):		
Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all) <b>91-1797710</b>			Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all)		
Street Address of Debtor (No. and Street, City, and State): <b>5320 SW Macadam Ave #100 Portland, OR</b>			Street Address of Joint Debtor (No. and Street, City, and State):		
ZIP Code <b>97239</b>			ZIP Code		
County of Residence or of the Principal Place of Business: <b>Multnomah</b>			County of Residence or of the Principal Place of Business:		
Mailing Address of Debtor (if different from street address): <b>Attn: Jim Elledge 1750 Creekside Oaks Dr #200 Sacramento, CA</b>			Mailing Address of Joint Debtor (if different from street address):		
ZIP Code <b>95833</b>			ZIP Code		
Location of Principal Assets of Business Debtor (if different from street address above): <b>1750 Creekside Oaks Dr #200 Sacramento, CA 95833</b>					
<b>Type of Debtor</b> (Form of Organization) (Check one box)  <input type="checkbox"/> Individual (includes Joint Debtors) <i>See Exhibit D on page 2 of this form.</i> <input checked="" type="checkbox"/> Corporation (includes LLC and LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.)		<b>Nature of Business</b> (Check one box)  <input type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101 (51B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input checked="" type="checkbox"/> Other  <b>Tax-Exempt Entity</b> (Check box, if applicable) <input type="checkbox"/> Debtor is a tax-exempt organization under Title 26 of the United States Code (the Internal Revenue Code).		<b>Chapter of Bankruptcy Code Under Which the Petition is Filed</b> (Check one box)  <input type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 9 <input checked="" type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Chapter 13  <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Main Proceeding <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Nonmain Proceeding	
<b>Filing Fee</b> (Check one box)  <input checked="" type="checkbox"/> Full Filing Fee attached <input type="checkbox"/> Filing Fee to be paid in installments (applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form 3A. <input type="checkbox"/> Filing Fee waiver requested (applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B.		<b>Chapter 11 Debtors</b> Check one box: <input type="checkbox"/> Debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). <input checked="" type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D). Check if: <input type="checkbox"/> Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,343,300 ( <i>amount subject to adjustment on 4/01/13 and every three years thereafter</i> ). Check all applicable boxes: <input type="checkbox"/> A plan is being filed with this petition. <input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).			
<b>Statistical/Administrative Information</b> <input checked="" type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.					THIS SPACE IS FOR COURT USE ONLY
<b>Estimated Number of Creditors</b> <input type="checkbox"/> 1-49 <input type="checkbox"/> 50-99 <input type="checkbox"/> 100-199 <input type="checkbox"/> 200-999 <input checked="" type="checkbox"/> 1,000-5,000 <input type="checkbox"/> 5,001-10,000 <input type="checkbox"/> 10,001-25,000 <input type="checkbox"/> 25,001-50,000 <input type="checkbox"/> 50,001-100,000 <input type="checkbox"/> OVER 100,000					
<b>Estimated Assets</b> <input type="checkbox"/> \$0 to \$50,000 <input type="checkbox"/> \$50,001 to \$100,000 <input type="checkbox"/> \$100,001 to \$500,000 <input type="checkbox"/> \$500,001 to \$1 million <input checked="" type="checkbox"/> \$1,000,001 to \$10 million <input type="checkbox"/> \$10,000,001 to \$50 million <input type="checkbox"/> \$50,000,001 to \$100 million <input type="checkbox"/> \$100,000,001 to \$500 million <input type="checkbox"/> \$500,000,001 to \$1 billion <input type="checkbox"/> More than \$1 billion					
<b>Estimated Liabilities</b> <input type="checkbox"/> \$0 to \$50,000 <input type="checkbox"/> \$50,001 to \$100,000 <input type="checkbox"/> \$100,001 to \$500,000 <input type="checkbox"/> \$500,001 to \$1 million <input checked="" type="checkbox"/> \$1,000,001 to \$10 million <input type="checkbox"/> \$10,000,001 to \$50 million <input type="checkbox"/> \$50,000,001 to \$100 million <input type="checkbox"/> \$100,000,001 to \$500 million <input type="checkbox"/> \$500,000,001 to \$1 billion <input type="checkbox"/> More than \$1 billion					

**Voluntary Petition***(This page must be completed and filed in every case)*

Name of Debtor(s):

**Oregon Contractors Workers Compensation Trust, Inc.****All Prior Bankruptcy Cases Filed Within Last 8 Years** (If more than two, attach additional sheet)

Location

Where Filed: **- None -**

Case Number:

Date Filed:

Location

Where Filed:

Case Number:

Date Filed:

**Pending Bankruptcy Case Filed by any Spouse, Partner, or Affiliate of this Debtor** (If more than one, attach additional sheet)

Name of Debtor:

Case Number:

Date Filed:

**- None -**

District:

Relationship:

Judge:

**Exhibit A**

(To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11.)

☐ Exhibit A is attached and made a part of this petition.

**Exhibit B**

(To be completed if debtor is an individual whose debts are primarily consumer debts.)

I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I delivered to the debtor the notice required by 11 U.S.C. §342(b).

**X**

Signature of Attorney for Debtor(s)

(Date)

**Exhibit C**

Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety?

☐ Yes, and Exhibit C is attached and made a part of this petition.

☒ No.

**Exhibit D**

(To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.)

☐ Exhibit D completed and signed by the debtor is attached and made a part of this petition.

If this is a joint petition:

☐ Exhibit D also completed and signed by the joint debtor is attached and made a part of this petition.

**Information Regarding the Debtor - Venue**

(Check any applicable box)

- ☒ Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District.
- ☐ There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.
- ☐ Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District.

**Certification by a Debtor Who Resides as a Tenant of Residential Property**

(Check all applicable boxes)

- ☐ Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.)

\_\_\_\_\_  
(Name of landlord that obtained judgment)

\_\_\_\_\_  
(Address of landlord)

- ☐ Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and
- ☐ Debtor has included in this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition.
- ☐ Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(l)).

**Voluntary Petition***(This page must be completed and filed in every case)*

Name of Debtor(s):

**Oregon Contractors Workers Compensation Trust, Inc.****Signatures****Signature(s) of Debtor(s) (Individual/Joint)**

I declare under penalty of perjury that the information provided in this petition is true and correct.

[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7. [If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. §342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

**X** \_\_\_\_\_  
Signature of Debtor

**X** \_\_\_\_\_  
Signature of Joint Debtor

\_\_\_\_\_  
Telephone Number (If not represented by attorney)

\_\_\_\_\_  
Date

**Signature of a Foreign Representative**

I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.

(Check only one box.)

☐ I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by 11 U.S.C. §1515 are attached.

☐ Pursuant to 11 U.S.C. §1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.

**X** \_\_\_\_\_  
Signature of Foreign Representative

\_\_\_\_\_  
Printed Name of Foreign Representative

\_\_\_\_\_  
Date

**Signature of Non-Attorney Bankruptcy Petition Preparer**

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.

\_\_\_\_\_  
Printed Name and title, if any, of Bankruptcy Petition Preparer

\_\_\_\_\_  
Social-Security number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.)(Required by 11 U.S.C. § 110.)

\_\_\_\_\_  
Address

**X** \_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Bankruptcy Petition Preparer or officer, principal, responsible person, or partner whose Social Security number is provided above.

\_\_\_\_\_  
Names and Social-Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:

\_\_\_\_\_  
If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

\_\_\_\_\_  
*A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both 11 U.S.C. §110; 18 U.S.C. §156.*

**Signature of Attorney\***

**X** /s/ Albert N. Kennedy  
Signature of Attorney for Debtor(s)

Albert N. Kennedy OSB#82142  
Printed Name of Attorney for Debtor(s)

Tonkon Torp LLP  
Firm Name  
**1600 Pioneer Tower**  
**888 SW Fifth Ave**  
**Portland, OR 97204-2099**

\_\_\_\_\_  
Address

503-221-1440 Fax: 503-274-8779

\_\_\_\_\_  
Telephone Number

January 3, 2011

\_\_\_\_\_  
Date

\*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.

**Signature of Debtor (Corporation/Partnership)**

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

**X** /s/ Rob Yorke  
Signature of Authorized Individual

Rob Yorke  
Printed Name of Authorized Individual

Board President  
Title of Authorized Individual

January 3, 2011

\_\_\_\_\_  
Date

1 **Albert N. Kennedy**, OSB No. 82142 (Lead Attorney)

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2 Facsimile: (503) 972-3713

E-Mail: al@tonkon.com

3 **Michael W. Fletcher**, OSB No. 010448

Direct Dial: (503) 802-2169

4 Facsimile: (503) 972-3869

E-Mail: michael.fletcher@tonkon.com

5 **TONKON TORP LLP**

1600 Pioneer Tower

6 888 S.W. Fifth Avenue

Portland, OR 97204

7 Attorneys for Debtor

10 IN THE UNITED STATES BANKRUPTCY COURT

11 FOR THE DISTRICT OF OREGON

12 In re

13 Oregon Contractors Workers Compensation  
14 Trust,

15 Debtor.

Case No.

**DISCLOSURE OF  
COMPENSATION OF ATTORNEY  
FOR DEBTOR PURSUANT TO  
RULE 2016(b)**

16 Tonkon Torp LLP ("Tonkon"), pursuant to Bankruptcy Rule 2016(b), states  
17 that:

18 1. Tonkon has been engaged by Debtor herein to act as its general  
19 bankruptcy counsel in this case.

20 2. In the twelve months prior to the filing of this Chapter 11 case,  
21 Tonkon Torp received payments totaling \$32,579.50 for prepetition fees, costs, and expenses,  
22 which includes the bankruptcy filing fee of \$1,039.00. In addition, Tonkon Torp holds a  
23 \$17,420.50 retainer in its trust account. The source of the retainer was the Debtor.

24 3. The filing fee for commencing this Chapter 11 case is being paid in  
25 full.  
26

1                   4.       The source of payments to be made by Debtor to Tonkon for legal  
2 services, filing fees, and costs incurred in or in connection with this case will be from the  
3 Debtor.

4                   5.       Tonkon has not shared or agreed to share with any person, other than  
5 its members, any compensation paid or to be paid.

6                   DATED: January 3, 2011.

7                                   TONKON TORP LLP

8                                   By /s/ Albert N. Kennedy

9                                   Albert N. Kennedy, OSB No. 82142

10                                  Michael W. Fletcher, OSB No. 01044

11                                  Attorneys for Debtor

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B4 (Official Form 4) (12/07)

**United States Bankruptcy Court**  
**District of Oregon**

In re **Oregon Contractors Workers Compensation Trust, Inc.**

Debtor(s)

Case No.

Chapter **11**

**LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS**

Following is the list of the debtor's creditors holding the 20 largest unsecured claims. The list is prepared in accordance with Fed. R. Bankr. P. 1007(d) for filing in this chapter 11 [or chapter 9] case. The list does not include (1) persons who come within the definition of "insider" set forth in 11 U.S.C. § 101, or (2) secured creditors unless the value of the collateral is such that the unsecured deficiency places the creditor among the holders of the 20 largest unsecured claims. If a minor child is one of the creditors holding the 20 largest unsecured claims, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See 11 U.S.C. § 112; Fed. R. Bankr. P. 1007(m).

(1) <i>Name of creditor and complete mailing address including zip code</i>	(2) <i>Name, telephone number and complete mailing address, including zip code, of employee, agent, or department of creditor familiar with claim who may be contacted</i>	(3) <i>Nature of claim (trade debt, bank loan, government contract, etc.)</i>	(4) <i>Indicate if claim is contingent, unliquidated, disputed, or subject to setoff</i>	(5) <i>Amount of claim [if secured, also state value of security]</i>
<b>George Bezates 26060 SW Canyon Cr Rd 101 Wilsonville, OR 97070</b>	<b>Jim Elledge, Bickmore Risk Services George Bezates 26060 SW Canyon Cr Rd 101 Wilsonville, OR 97070 (916) 244-1124</b>	<b>Covered workers compensation claim</b>		<b>150,858.19</b>
<b>Stephen Guiland 4036 SE 112th Ave Portland, OR 97266</b>	<b>Jim Elledge, Bickmore Risk Services Stephen Guiland 4036 SE 112th Ave Portland, OR 97266 (916) 244-1124</b>	<b>Covered workers compensation claim</b>		<b>112,451.71</b>
<b>Benjamin M Ensley 129 Bond Ave Castle Rock, WA 98611</b>	<b>Jim Elledge, Bickmore Risk Services Benjamin M Ensley 129 Bond Ave Castle Rock, WA 98611 (916) 244-1124</b>	<b>Covered workers compensation claim</b>		<b>92,339.80</b>
<b>Justin Kuebler 1035 SW Bentloop Powell Butte, OR 97753</b>	<b>Jim Elledge, Bickmore Risk Services Justin Kuebler 1035 SW Bentloop Powell Butte, OR 97753 (916) 244-1124</b>	<b>Covered workers compensation claim</b>		<b>75,535.76</b>
<b>William Altman 865 Augustine Ave Coose Bay, OR 97520</b>	<b>Jim Elledge, Bickmore Risk Services William Altman 865 Augustine Ave Coose Bay, OR 97520 (916) 244-1124</b>	<b>Covered workers compensation claim</b>		<b>65,996.64</b>
<b>Rick J Williams 6394 Jaymar Dr NE Keizer, OR 97303</b>	<b>Jim Elledge, Bickmore Risk Services Rick J Williams 6394 Jaymar Dr NE Keizer, OR 97303 (916) 244-1124</b>	<b>Covered workers compensation claim</b>		<b>63,765.15</b>
<b>Jerry L Tanner 21599 Delores Way NE #138 Aurora, OR 97002</b>	<b>Jim Elledge, Bickmore Risk Services Jerry L Tanner 21599 Delores Way NE #138 Aurora, OR 97002 (916) 244-1124</b>	<b>Covered workers compensation claim</b>		<b>63,300.96</b>

B4 (Official Form 4) (12/07) - Cont.

In re **Oregon Contractors Workers Compensation Trust, Inc.**

Case No. \_\_\_\_\_

Debtor(s)

**LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS**

(Continuation Sheet)

(1) <i>Name of creditor and complete mailing address including zip code</i>	(2) <i>Name, telephone number and complete mailing address, including zip code, of employee, agent, or department of creditor familiar with claim who may be contacted</i>	(3) <i>Nature of claim (trade debt, bank loan, government contract, etc.)</i>	(4) <i>Indicate if claim is contingent, unliquidated, disputed, or subject to setoff</i>	(5) <i>Amount of claim [if secured, also state value of security]</i>
<b>Travis Flanagan</b> 14455 Woodburn Monitor Rd NE Woodburn, OR 97071	<b>Jim Elledge, Bickmore Risk Services</b> Travis Flanagan 14455 Woodburn Monitor Rd NE Woodburn, OR 97071 (916) 244-1124	<b>Covered workers compensation claim</b>		<b>60,694.04</b>
<b>Steve Naeve</b> 17332 Keassy Rd Vernonia, OR 97064	<b>Jim Elledge, Bickmore Risk Services</b> Steve Naeve 17332 Keassy Rd Vernonia, OR 97064 (916) 244-1124	<b>Covered workers compensation claim</b>		<b>57,132.53</b>
<b>Mark A Johnson</b> 1705 Hartford Dr Forest Grove, OR 97116	<b>Jim Elledge, Bickmore Risk Services</b> Mark A Johnson 1705 Hartford Dr Forest Grove, OR 97116 (916) 244-1124	<b>Covered workers compensation claim</b>		<b>55,236.99</b>
<b>Stephen A Dowler</b> 342 SW Ewen St Prineville, OR 97754	<b>Jim Elledge, Bickmore Risk Services</b> Stephen A Dowler 342 SW Ewen St Prineville, OR 97754 (916) 244-1124	<b>Covered workers compensation claim</b>		<b>52,061.48</b>
<b>Guadalupe Carlos</b> 3841 Virginia Ave Springfield, OR 97478	<b>Jim Elledge, Bickmore Risk Services</b> Guadalupe Carlos 3841 Virginia Ave Springfield, OR 97478 (916) 244-1124	<b>Covered workers compensation claim</b>		<b>50,830.27</b>
<b>Juan Villa</b> 2119 Fisher Rd NE Salem, OR 97305	<b>Jim Elledge, Bickmore Risk Services</b> Juan Villa 2119 Fisher Rd NE Salem, OR 97305 (916) 244-1124	<b>Covered workers compensation claim</b>		<b>48,175.21</b>
<b>J Michael Doud</b> POB 1958 Clackamas, OR 97015	<b>Jim Elledge, Bickmore Risk Services</b> J Michael Doud POB 1958 Clackamas, OR 97015 (916) 244-1124	<b>Covered workers compensation claim</b>		<b>46,837.06</b>
<b>Brian Jerger</b> 19424 SE Bornstedt Rd Sandy, OR 97055	<b>Jim Elledge, Bickmore Risk Services</b> Brian Jerger 19424 SE Bornstedt Rd Sandy, OR 97055 (916) 244-1124	<b>Covered workers compensation claim</b>		<b>44,296.59</b>
<b>Laporte &amp; Associates Inc</b> 5515 SE Milwaukie Ave Portland, OR 97202	<b>Laporte &amp; Associates Inc</b> 5515 SE Milwaukie Ave Portland, OR 97202 (503) 239-4116	<b>Estimated commission royalty - insurance services</b>		<b>40,073.19</b>

B4 (Official Form 4) (12/07) - Cont.

In re **Oregon Contractors Workers Compensation Trust, Inc.**

Case No. \_\_\_\_\_

Debtor(s)

**LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS**

(Continuation Sheet)

(1) <i>Name of creditor and complete mailing address including zip code</i>	(2) <i>Name, telephone number and complete mailing address, including zip code, of employee, agent, or department of creditor familiar with claim who may be contacted</i>	(3) <i>Nature of claim (trade debt, bank loan, government contract, etc.)</i>	(4) <i>Indicate if claim is contingent, unliquidated, disputed, or subject to setoff</i>	(5) <i>Amount of claim [if secured, also state value of security]</i>
<b>Paul L Gantz POB 143 Springfield, OR 97477</b>	<b>Jim Elledge, Bickmore Risk Services Paul L Gantz POB 143 Springfield, OR 97477 (916) 244-1124</b>	<b>Covered workers compensation claim</b>		<b>36,946.81</b>
<b>Rod Newcomb 2121 NE 3rd St #12E Prineville, OR 97754</b>	<b>Jim Elledge, Bickmore Risk Services Rod Newcomb 2121 NE 3rd St #12E Prineville, OR 97754 (916) 244-1124</b>	<b>Covered workers compensation claim</b>		<b>35,955.80</b>
<b>Duane F Crass 2608 Donegal Eugene, OR 97404</b>	<b>Jim Elledge, Bickmore Risk Services Duane F Crass 2608 Donegal Eugene, OR 97404 (916) 244-1124</b>	<b>Covered workers compensation claim</b>		<b>35,742.41</b>
<b>Mario Benitez 126 NW B St Madras, OR 97741</b>	<b>Jim Elledge, Bickmore Risk Services Mario Benitez 126 NW B St Madras, OR 97741 (916) 244-1124</b>	<b>Covered workers compensation claim</b>		<b>35,644.91</b>

**DECLARATION UNDER PENALTY OF PERJURY  
ON BEHALF OF A CORPORATION OR PARTNERSHIP**

I, the Board President of the corporation named as the debtor in this case, declare under penalty of perjury that I have read the foregoing list and that it is true and correct to the best of my information and belief.

Date **January 3, 2011**Signature **/s/ Rob Yorke****Rob Yorke****Board President**

*Penalty for making a false statement or concealing property:* Fine of up to \$500,000 or imprisonment for up to 5 years or both.  
18 U.S.C. §§ 152 and 3571.



1 **Albert N. Kennedy**, OSB No. 821429 (Lead Attorney)

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3 **Michael W. Fletcher**, OSB No. 010448

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5 **TONKON TORP LLP**

1600 Pioneer Tower

6 888 S.W. Fifth Avenue

Portland, OR 97204

7 Attorneys for Debtor

8  
9 IN THE UNITED STATES BANKRUPTCY COURT

10 FOR THE DISTRICT OF OREGON

11 In re

12 OREGON CONTRACTORS WORKERS'  
13 COMPENSATION TRUST, INC.,

14 Debtor.

Case No.

**CERTIFICATE OF SERVICE OF  
LIST OF CREDITORS HOLDING  
20 LARGEST UNSECURED  
CLAIMS ON THE U.S. TRUSTEE**

15 I hereby certify that I served (1) a copy of the **LIST OF CREDITORS**  
16 **HOLDING 20 LARGEST UNSECURED CLAIMS**, (2) address mailing labels for the  
debtor, debtor's attorney, and a contact person for each creditor on the List, and (3) this  
17 Certificate of Service on the U.S. Trustee at 620 S.W. Main Street, Room 213, Portland, OR  
97205 by hand delivering a copy thereof in a sealed, first-class postage prepaid envelope on  
18 the date set forth below.

19 DATED this 3rd day of January, 2011.

20 TONKON TORP LLP

21 By /s/ Michael W. Fletcher

22 Albert N. Kennedy, OSB No. 821429

23 Michael W. Fletcher, OSB No. 010448

24 Attorneys for Debtor

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